

STATE OF RHODE ISLAND AND
PROVIDENCE PLANTATIONS,
DEPARTMENT OF HEALTH,
BOARD OF MEDICAL LICENSURE
AND DISCIPLINE

Nos. C87-157

C87-134

v.

JOAN MIELE, M.D.

ORDER

Pursuant to Administrative Hearing Notice dated January 9, 1989, issued on behalf of the Board of Medical Licensure and Discipline by H. Denman Scott, M.D., MPH, its Chairman, Defendant, Joan Miele, M.D. (hereinafter referred to as "Miele"), was summoned to appear before said Board to answer five charges arising out of Miele's care and treatment of Patient A and four charges arising out of Miele's care and treatment of Patient B as follows:

- I.
- (1) That Miele violated Section 5-37-5.1(8) of the General Laws of the State of Rhode Island, 1956, as amended, in that Miele was guilty of willfully making and filing false reports or records in the practice of medicine, by reason of Miele's care and treatment of Patient A on or about September 3, 1987.
 - (2) That Miele violated Section 5-37-5.1(14) of the General Laws of the State of Rhode Island, 1956, as amended, in that Miele was guilty of willful misrepresentation in the care and treatment of Patient A on or about September 3, 1987.
 - (3) That Miele violated Section 5-37-5.1(18) of the General Laws of the State of Rhode Island, 1956, as amended, in that Miele was guilty of professional incompetency, by reason of Miele's care and treatment of Patient A on or about

(5) That Miele violated Section 5-37-5.1(28) of the General Laws of the State of Rhode Island, 1956, as amended, in that Miele was guilty of medical malpractice, by reason of Miele's care and treatment of Patient A on or about September 3, 1987.

II.

(1) That Miele violated Section 5-37-5.1(8) of the General Laws of the State of Rhode Island, 1956, as amended, in that Miele was guilty of willfully making and filing false reports or records in the practice of medicine, by reason of your care and treatment of Patient B on diverse dates between October 22, 1987 and October 26, 1987.

(2) That Miele violated Section 5-37-5.1(18) of the General Laws of the State of Rhode Island, 1956, as amended, in that Miele was guilty of professional incompetency, by reason of Miele's care and treatment of Patient B on diverse dates between October 22, 1987 and October 26, 1987.

(3) That Miele violated Section 5-37-5.1(19) of the General Laws of the State of Rhode Island, 1956, as amended, in that Miele was guilty of incompetent, negligent or wilful misconduct in the practice of medicine, by reason of Miele's care and treatment of Patient B on diverse dates between October 22, 1987 and October 26, 1987.

(4) That Miele violated Section 5-37-5.1(28) of the General Laws of the State of Rhode Island, 1956, as amended, in that Miele was guilty of medical malpractice, by reason of Miele's care and treatment of Patient B on diverse dates between October 22, 1987 and October 26, 1987.

This matter was set down for hearing commencing on March 15, 1989.

The seven members of the hearing committee were as

Edmond T. Hackman, M.D.

Robert P. Sarni, M.D.

A. Edward Azevedo

Frederic A. Charleson, Esquire acted as legal counsel to the Board.

On behalf of the State:

Alan F. Gelfuso, Esquire

Michael Hagopian, Esquire

Joseph Rameaka, Esquire

On behalf of Miele:

John F. Cicilline, Esquire

After disposition of various motions and introduction of exhibits by agreement of parties, the State presented as its first witness, Patient A, who testified on direct examination as follows. Patient A, a patient of Dr. Miele, presented herself to the doctor on September 3, 1987, with complaints of spotting subsequent to menstrual period. Dr. Miele suggested that this could be as a result of a pregnancy or the presence of a cyst. The doctor then listened to the patient's heart and took a blood pressure reading while the patient remained fully dressed. The patient testified that at no time was a pelvic examination done by the doctor, nor was one suggested. Patient A testified that Dr. Miele told her that her conclusion was that she was either pregnant or had a cyst. She was told that there were two shots that could be administered, one would abort her, and the other would dissolve the cyst. The choice as to which shot to be given was left to the patient. At that time, the doctor left the room for the purpose of allowing the patient time to make a decision as to which of the two shots she wished to have administered to her. When the doctor returned, Patient A

explanation. The doctor suggested that the patient return to the doctor's office, which in fact she did, and was given further explanation which was unintelligible to the patient. The patient came upon a neighbor to whom she also related this story and arrangements were made for her to present herself to Roger Williams General Hospital, which she did about 7:00 or 8:00 that evening. At Roger Williams Hospital she was treated by Physician A, who did urine and blood tests and subsequently a pelvic examination. The pelvic examination revealed that Patient A had a retained tampon which was the cause of the immediate problem. Subsequent to removal of the tampon, the witness testified that she had no further physical difficulties arising from this occasion. The patient then, later in the same evening, called Dr. Miele again to advise her what had happened. Patient then further testified that Dr. Miele said she gave her the wrong shot, and instead of estrogen she was administered Benadryl

Upon cross-examination by defense counsel, Patient A testified that Dr. Miele had offered her one shot which performed two functions, i.e. abortion of the fetus or dissolution of the ovarian cyst, this in contradiction of her direct testimony that the doctor had offered her two shots, each to have performed one of the aforementioned tasks. The witness admitted confusion in her mind as to the nature of the injections to be administered.

Physician A was presented as a witness by the State and testified that as an attending physician at Roger Williams General Hospital emergency room he treated Patient A. The history given by patient to the doctor was that she had been administered a shot, which was either to dissolve a cyst or to terminate a pregnancy. Physical examination of the

advised that the shot that Dr. Miele had administered to Patient A was Benadryl to calm her down; that a pelvic examination was not performed because the doctor was concerned if there was a low-lying placenta that it would somehow trigger vaginal bleeding; that a pregnancy test was not performed because the patient did not want her mother to know that she might have become pregnant. Physician A testified that the possibility of bleeding as a result of a pelvic examination in early stage pregnancy was not an appropriate concern; that given the facts of this case, he cannot envision a scenario where he would not have performed a pelvic examination. Physician A ended his direct testimony, by stating that the patient should have had a pelvic examination, and not doing one was below the standard of care.

Under cross examination, Physician A testified that Patient A was upset, had to be told to wait her turn for examination and was a difficult patient in that she was impatient.

The first witness presented by the State with regard to the charges brought against Miele for care and treatment of Patient B was Witness A, mother of the patient. Witness A related making an expedited appointment with Dr. Miele because of concern for her daughter, Patient B. At the time of said appointment, October 22, 1987, the witness related to Dr. Miele the following litany of symptoms as she observed them in her daughter: she got up in the middle of the night to go to the bathroom, she drank a lot of water, thirsty all the time, lost approximately ten pounds in the last few weeks, was tired, had trouble concentrating, had bad taste in her mouth she could not get rid of and had a craving for

Miele also prescribed Xanax and drew blood for testing purposes. A further appointment was made for October 24, a Saturday, for the purpose of taking a fasting blood sugar and a urine sample. Also on the 22nd, Dr. Miele expounded upon dietary methods of preventing cancer. Again, on the original visit Dr. Miele prescribed a cardiac stress test and a pulmonary function study. The following day, Patient B continued to regress in that she was tired and could not eat her supper. On Saturday the 24th, the appointment made with Dr. Miele was kept, and a blood test was done and a urine sample taken. At that time, Dr. Miele was advised that Patient B was not getting any better, and Dr. Miele suggested that they take her on an airplane ride to get her mind off everything. Dr. Miele also gave Patient B a prescription for Scopolamine. Apparently, a follow-up visit was contemplated, but no date certain was made. The patient's condition seemed to worsen, and on Sunday she started to vomit. A call was made to Dr. Miele and the dosage of Xanax was increased. By Sunday Patient B could barely get out of bed, and Dr. Miele advised the parents not to let her lie down, but to keep her up doing something physical. On Sunday night, she was taken to her grandmother's house to spend the night so that she would not have to be awakened the following day. As her condition worsened on Monday, the grandmother called Dr. Miele and was advised to take Patient B for X-rays. Witness A, the mother, arrived at Patient B's grandmother's house at approximately 4:00 on Monday and observed Patient B lying asleep unable to be aroused. Her complexion was pale, and eyes not totally shut, but with only the whites showing. At that point, Patient B was transported to Roger Williams General Hospital by rescue squad where she remained until

Witness B, grandmother of Patient B, was next presented as State's witness. Witness B first saw Patient B on Monday the 28th, at which time she called Dr. Miele's office and was told by the secretary that the doctor was in Boston. Subsequently, Dr. Miele's secretary called back and advised that the doctor had ordered X-rays to be taken and that Patient B should be taken to Atwood Medical Center for such testing. As of 1:00 p.m. on Monday, according to the witness, Patient B looked completely lethargic, was unable to get up and was not talking. After another call to the doctor's office, a prescription was ordered for Patient B. At this point, the rescue squad was called. When they arrived, the witness described the condition of Patient B as almost unconscious. It is interesting to note that the grandmother, Witness B, documented the order of events with her own handwritten notes made within a short period of time after the occurrence of the events herein related.

Physician B was presented to the Board of Medical Licensure and Discipline by the State. She testified that she sent State's Exhibit 16, a letter, to the Board because of her concern about the care and treatment administered by Dr. Miele to Patient B. When first seen by the witness, the patient had a low ph of 6.88 and high blood sugar of 830 milligrams and was close to death. At her point of admission to Roger Williams General Hospital, Physician B testified that she made a preliminary diagnosis of diabetes immediately upon observing the patient because of the method in which she was breathing. Blood work was ordered immediately to confirm the initial opinion. Physician B also testified that based on history presented, the patient would have had an elevated blood sugar level on October 22; that given Patient B's

Upon cross-examination, Physician B admitted that part of her judgment relative to care and treatment by Dr. Miele was predicated on the fact that she believed Dr. Miele had seen the patient on two occasions prior to the Monday on which she was admitted to the hospital and also predicated in part on Physician B's belief that Dr. Miele had been told that a twenty-eight year old cousin had died from diabetes. Physician B insisted in her testimony that given Patient B's history, she would have persisted in her quest for a blood or urine test for sugar upon the initial visit. Again under cross-examination, Physician B testified that given the symptoms as related to her by defense counsel, she would have considered the circumstances of the patient urgent and would have been concerned about a diagnosis of diabetes. The witness stated that it is the responsibility of the doctor to obtain blood tests in a timely fashion and failure of a lab to report to the doctor, is reason for the doctor to present the patient to another lab for testing. Physician B testified that given the history as presented to Dr. Miele relative to Patient B, that she would not have waited two days for a blood test result, but would have ordered another if the first test result was not promptly received.

The State at this point rested its case.

Joan Miele, M.D. testified as the first witness in her defense. She elaborated on the methods used in her office to establish medical records. Dr. Miele, subsequently related her experiences with Patient A on the occasion that gave rise to this Complaint. In September 1987, Patient A presented herself to Dr. Miele and during consultation began to cry and stated that she thought she was pregnant; she wanted to abort the fetus and became more hysterical and jumped off the table

patient, and at no time was there a discussion of a cyst or that there was a shot that would dissolve a cyst and abort a fetus. The patient then reappeared later in the day at which time she became loud and said that Dr. Miele had aborted her fetus. At which time, Dr. Miele denied that such a procedure was performed and again explained the purpose of the Benadryl shot. Dr. Miele later testified that she had advised the patient on two occasions over the phone that subsequent to the office visit that she obtain vaginal examination to determine whether or not she was pregnant. The conclusion of Dr. Miele's testimony relative to Patient A was that she received a telephone call from Physician A; at which time Physician A inquired of the injection given, there being no discussion about a vaginal examination or the results of Physician A's examination at Roger Williams General Hospital. There was a further clarification by Dr. Miele as to her purpose to administering Benadryl, that being ninety percent to cure the rash and ten percent to act as a calming agent.

Dr. Miele went on to document her care and treatment of Patient B. Dr. Miele testified that she was with Patient B on her initial visit for 2 1/2 to 3 hours. The initial complaint registered was that of fatigue. Dr. Miele, however, was troubled by the fact that the patient was uneasy, failed to make eye contact and was unable to establish a rapport with the patient. An extensive social history was elicited from the patient. Dr. Miele notes that Patient B was a healthy-looking kid and had good color and answered the question "What brings you here?" with "I am tired all the time, I don't seem to have any energy". The symptoms related by the patient were bad breath, nervousness,

was not eating. Dr. Miele further denies that frequent urination was given as a symptom. Dr. Miele specifically testified that given the symptoms fatigue, weakness, headache, constipation, bad breath, nervousness, short of breath when walking up stairs and thirst, she would not direct them to a specific disease. A detailed explanation was then given of methods and procedures used by Dr. Miele in obtaining blood and blood tests results. Specifically, Dr. Miele indicated that Cranston Medical Laboratory, to whom the blood was directed, by prior agreement would inform Dr. Miele of an abnormality. In this particular case, the doctor was not notified of an abnormality, and a telephone call by the doctor to the lab confirmed that patient was not on the abnormal list. Subsequently, on Monday, October 26, at approximately 5:18 a call was received from Cranston Medical Laboratory indicating that Patient B was on the abnormal list.

Dr. Miele testified that on Saturday, October 26, the family appeared at her office, not for a visit with Dr. Miele, but for the purpose of having blood drawn. At that time, she talked to the father who indicated that Patient B was okay, and asked if he could take the child to the zoo.

Upon cross-examination of Dr. Miele, she testified that determination of normalcy of various blood test results where within the province of the medical laboratories used to examine the blood. Further cross-examination of Dr. Miele degenerated into a medical "who's on first" routine.

Witness C was presented as a witness for Defendant Miele. She testified that on October 22, 1987, she was at Dr. Miele's office and had occasion to speak with a woman who identified herself as the mother of a patient in seeing Dr.

She observed the child smiling and walking about the room.

Witness D appeared on behalf of Defendant Miele. Witness D testified that the mother of a young female patient, in conversation with the witness, indicated her daughter was there because she was having problems in school. Conversation with the daughter revealed that she appeared to be happy because she was going from Dr. Miele's office to the zoo, and indicated that her appearance was unremarkable.

Witness E appeared on behalf of Defendant Miele. He testified that while in Dr. Miele's office on September 3, 1987, he heard a woman screaming that she wanted an abortion and then run out of the room into the waiting room where she tipped over a table and was ranting and raving. The witness admitted to a conviction for conspiracy to murder and violation of Racketeer Influenced and Corrupt Organizations Act in 1981, for which he served three years and received seven years probation.

Physician C was presented to the Board as a witness on behalf of Defendant, Joan Miele. Witness read Dr. Miele's notes, a letter from Physician A, a letter from the patient, and based on this formed the conclusion that there was no great aberrance from what is generally acceptable treatment in the medical community.

Witness F testified on behalf of Dr. Miele that he was present in her office on October 24, 1987. He observed a group of people which included a young girl and overheard a conversation about her going to the zoo.

Witness G also testified on behalf of Dr. Miele that he was present in her office on September 3, 1987. At that time and place, a young lady ran out of Dr. Miele's office hysterical and yelling I want an abortion.

Physician E dated November 8, 1989, and handwritten notes and dictated notes from Dr. Miele's office. He indicated that Dr. Miele was moving in the proper direction, ordered appropriate studies and considered diabetes as a possible diagnosis; that she in fact acted in a responsible manner meeting the accepted standards of medical care. Upon cross-examination, Physician D admitted that given the symptoms presented by Patient B to Dr. Miele, the prime suspect would be diabetes, and that he would not wait four days for a blood test result; that he would not have ordered a pulmonary function study; that a cardiac stress test was not indicated in this instance; that he may have ordered a cardiac scan, but not in the first instance. Cross-examination of Physician D concluded with Physician D's agreement that failure of the medical testing laboratory to advise Dr. Miele of test results does not exonerate the physician from following up requests for test results.

On redirect examination, Physician D testified that given circumstances presented to Dr. Miele with regard to Patient B, he would not have done anything different, except that he would not have considered some of the non-invasive studies. However, on recross-examination, Physician D testified that he would have ordered an urinalysis. Physician D testified upon questions from Board members that if diabetes were a prime suspect, and he did not get a call from the lab, he would have pursued it further himself, and that within a four day period the patient could have expired; that if he were concerned over juvenile diabetes, he would be doing a laboratory study on a stat basis.

Both the State and the Defendant rested.

It is uncontroverted that Patient A, in visitation of

upset, she was not crying, screaming, shouting or running around the room. The Board believed that she was difficult, but not unmanageable.

The Board believed Physician A in his characterization of Patient A as being more difficult than the average patient, but that she was not unusually difficult. The Board fully believed Physician A's testimony that Dr. Miele told him that she did not perform a pelvic exam because she was afraid of complications arising from a low lying placenta. The Board believed Physician A when he testified that causing bleeding during a vaginal examination early in pregnancy was an inappropriate concern, and that he could not envision a scenario where a pelvic examination would not have been performed on Patient A as she was presented to him at that time. The Board believed the assessment of Physician A that the patient should have had a pelvic examination, and not doing one was below the standard of medical care.

As to the charges brought against Dr. Miele for care and treatment of Patient B, the Board fully believed the testimony of Patient B. The Board believed the testimony of Witness A, mother of the Patient B, in that the patient was presented to Dr. Miele on October 22, 1987, at which time and place a variety of symptoms were related to Dr. Miele, which included getting up in the middle of the night to go to the bathroom, drinking a lot of water, constant thirst, recent loss of weight of 10 pounds, constant drowsiness, trouble concentrating, bad taste in her mouth and craving for sweets. The Board further believed that there was a mention of a family history of Diabetes. The Board believed the progression of Patient B's Diabetes, as related by her mother, to the point of transportation to Roger Williams

that X-rays were ordered of the Patient B to be taken at Atwood Medical Center on Monday, October 28, 1987.

The Board fully believes the testimony of Physician B, in her testimony that when first seen, Patient B had a pH of 6.88 and a blood sugar of 830 milligrams, and was close to death. The Board believed the witness' statement that given the symptoms and progression of this patient, that she would expect with a certainty that there would be an elevated sugar level on October 22, 1987. The Board believed the medical assessment of the witness that had she been presented with the patient on October 22, 1987, her major concern would have been for Diabetes and that she would have persisted in obtaining a blood or urine test for sugar and would not have waited two days for a test result under these circumstances. The Board believed the witness in that the responsibility for obtaining blood tests and blood results is primarily that of the treating physician, and cannot be relegated to a medical testing laboratory no matter what prior routine had been developed between doctor and laboratory.

The Board believed the general scenario presented by Dr. Miele with regard to the visitation of Patient A. The Board does not believe the patient was hysterical or impossible to deal with at that examination. As to the reasons why a pelvic examination was not performed at that time, the Board does not believe Dr. Miele's explanation that the patient ran out of the examining room in the absence of Dr. Miele. To the extent that there is a conflict between testimony previously given by Physician A and testimony given by Dr. Miele as to the reason for not performing a pelvic examination, the Board does not accept the explanation and testimony as offered by Dr. Miele to the Board, but does

symptom, nor that there was no mention of prior family history of Diabetes.

The testimony offered by Witness C and Witness D, while not disbelieved, offered no real probative evidence as to the condition of patient assumed to be Patient B. Both note a happy, smiling child on a Saturday who lapsed into a diabetic coma on Monday.

Witness E appeared to give testimony with regard to patient assumed to be Patient A. This witness' evaluation of circumstances far exceed any previously related stories, and to that extent, this witness' testimony is disbelieved.

The Board places no great evidentiary value on the testimony of Physician C, because his testimony was predicated upon an evaluation by Dr. Miele that Patient A was hysterical, which predicate the Board has already dismissed.

Witness G gave testimony similar to Witness C and Witness D with the same result.

The Board placed considerable emphasis on testimony presented by Physician D. The Board fully believed Physician D who, under cross-examination, testified that given the symptoms presented by Patient B, the prime suspect should have been Diabetes and that there should not have been four days delay in blood test result; that a pulmonary function study and cardiac stress test were superfluous at this juncture. Very important in the doctor's testimony was that primary responsibility for patient care is that of the doctor, and the doctor cannot be absolved from this responsibility by any prior agreement or arrangements with the medical testing laboratory engaged by the doctor to perform testing procedures. The Board further believed Physician D's testimony that he would have ordered a

Licensure and Discipline makes the following findings of fact:

1. Patient A presented herself to Dr. Miele with complaints of vaginal spotting subsequent to menstrual period.
2. The patient was upset and confused as to her problem, and as a result was a difficult patient.
3. Dr. Miele failed to address the real area of concern because of Dr. Miele's concern for causing bleeding if the patient were pregnant and there was a low lying placenta.
4. The concern of Dr. Miele is inappropriate under the circumstances as presented to Dr. Miele.
5. A pelvic examination was indicated in the case of Patient A, and failure to perform one was an aberration from good medical practice in the community.
6. Patient B presented herself to Dr. Miele with symptoms of nocturnal urination, drinking a lot of water, thirst, recent loss of weight of ten pounds, tired, trouble concentrating, bad taste in mouth and craving for sweets; a mention was made of a family history of Diabetes.
7. During this initial visit which lasted approximately 2 1/2 to 3 hours, blood was drawn and a urine sample taken.
8. Dr. Miele failed to fix upon the most obvious causation, juvenile diabetes mellitus.
9. Dr. Miele failed to act promptly and efficiently to determine the exact nature of the patient's problem.
10. Dr. Miele placed unfounded reliance on others, namely medical testing laboratory, both in reporting of results and evaluation of test results.
11. Dr. Miele's failure to promptly evaluate the patient's problem and to further follow-up with testing on an

12. The care and treatment of Patient B as indicated above was an aberration from good medical practice within the community.

13. The Board found that Dr. Miele's evaluation and management of Patient B's case revealed a lack of basic medical knowledge required to meet minimum standards for practice of medicine within the community.

DECISION

I.

(1) As to the charge that Dr. Miele violated §5-37-5.1(8) of the General Laws of the State of Rhode Island, 1956 as Amended, with regard to the care and treatment of Patient A, the Board finds Dr. Miele not guilty.

(2) As to the charge that Dr. Miele violated §5-37-5.1(14) of the General Laws of the State of Rhode Island, 1956 as Amended, in the care and treatment of Patient A, the Board finds Dr. Miele not guilty.

(3) As to the charge that Dr. Miele violated §5-37-5.1(18) of the General Laws of the State of Rhode Island, 1956 as Amended, as to the care and treatment of Patient A, the Board finds Dr. Miele guilty.

(4) As to the charge that Dr. Miele violated §5-37-5.1(19) of the General Laws of the State of Rhode Island, 1956 as Amended, with regard to the care and treatment of Patient A, the Board finds Dr. Miele guilty.

(5) As to the charge that Dr. Miele violated §5-37-5.1(28) of the General Laws of the State of Rhode Island, 1956 as Amended, with regard to her care and treatment of Patient A, the Board finds Dr. Miele guilty.

II.

(1) As to the charge that Dr. Miele violated

Island, 1956 as Amended, with regard to the care and treatment of Patient B, the Board finds Dr. Miele guilty.

(3) As to the charge that Dr. Miele violated §5-37-5.1(19) of the General Laws of the State of Rhode Island, 1956 as Amended, as to the care and treatment of Patient B, the Board finds Dr. Miele guilty.

(4) As to the charge that Dr. Miele violated §5-37-5.1(28) of the General Laws of the State of Rhode Island, 1956 as Amended, with regard to the care and treatment of Patient B, the Board finds Dr. Miele guilty.

ORDER

1. That Joan Miele, M.D. be reprimanded and censured for unprofessional conduct with regard to care and treatment of Patient B.

2. That Joan Miele, M.D. be reprimanded and censured for unprofessional conduct with regard to care and treatment of Patient A.

3. That the license to practice medicine within the State of Rhode Island issued to Joan Miele, M.D. is hereby suspended forthwith.

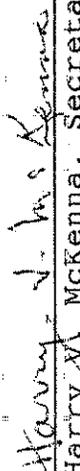
4. That said license to practice medicine shall remain suspended until such time as Joan Miele, M.D. shall enroll in, attend and successfully complete an accredited residency training program for no less than two years, which program shall have been previously approved by the full Board of Medical Licensure and Discipline.

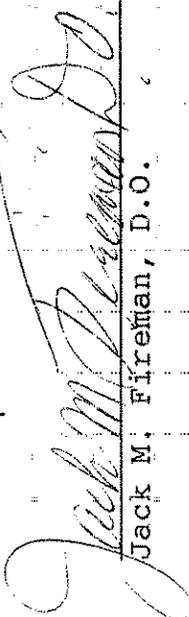
5. That subsequent to reinstatement of her license to practice medicine, Joan Miele, M.D. shall be supervised as to all aspects of the practice of medicine in such manner as the full Board of Medical Licensure and Discipline of the State

administrative costs of these proceedings in the amount of Ten Thousand (\$10,000) Dollars to be paid forthwith.

ENTERED as an Order of the Board of Medical Licensure and Discipline for the State of Rhode Island this 27th day of February, 1990.


Edwin N. Forman, M.D.
Chairman


Harry M. McKenna, Secretary


Jack M. Fireman, D.O.


Conrad Ferla


Edmond T. Hackman, M.D.


Robert P. Sarni, M.D.


A. Edward Azevedo

All persons testifying and designated by letter are identified in a confidential addendum on file with the Health Department of the State of Rhode Island, Board of Medical Licensure and Discipline, in order to protect their confidentiality.